

**WISCONSIN MEDICAID  
COST REPORT FOR PROVIDER-BASED RURAL HEALTH CLINICS  
(AFFILIATED HOSPITAL HAVING 50 OR FEWER BEDS)**

**Instructions:** Type or print clearly. Before completing this form, read the Cost Report for Provider-Based Rural Health Clinics (Affiliated Hospital Having 50 or Fewer Beds) Completion Instructions (HCF 11080A).

**SECTION I — PROVIDER INFORMATION**

Name — Facility	Rural Health Clinic (RHC) Provider's Medicaid Provider Number
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Reporting Period

From

To

**SECTION II — DETERMINATION OF RURAL HEALTH CLINIC ENCOUNTER RATE**

1. Total Cost of RHC Services (Reclassification and Adjustment form; Section III, Column 7, Line 16)	\$
2. Non-RHC costs (Reclassification and Adjustment form; Section V, Column 7, Line 45)	\$
3. Sum of Lines 1 and 2	\$
4. Percentage of Non-RHC costs to sum of costs (Line 2 divided by Line 3)	%
5. Total Facility Overhead (Reclassification and Adjustment form; Section IV, Column 7, Line 37)	\$
6. Overhead applicable to services other than RHC services (Line 5 multiplied by Line 4)	\$
7. Overhead applicable to RHC services (Line 5 minus Line 6)	\$
8. Total cost with overhead for RHC services (Sum of Line 1 and Line 7)	\$
9. Total RHC encounters (Medicare Cost Report, CMS Form 2552-96, Worksheet M-2, Line 8)	
10. Rural health clinic encounter rate (Line 8 divided by Line 9)	\$

**SECTION III — COST SETTLEMENT CALCULATION — MEDICAID-ONLY ENCOUNTERS**

11. Medicaid RHC encounter rate (Line 10)	\$	
12. Medicaid encounters submitted to Wisconsin Medicaid		
13. Medicaid encounters submitted to HMOs that contract with Wisconsin Medicaid		
14. Total Medicaid encounters (Sum of Lines 12 and 13)		
15. Cost calculated for Medicaid-only encounters (Line 11 multiplied by Line 14)	\$	
16. Subtract	a.) Fee-for-service payments by Wisconsin Medicaid for Medicaid-only encounters	\$
	b.) Payments by HMOs that contract with Wisconsin Medicaid for Medicaid-only encounters	\$
17. Net cost settlement from Medicaid-only encounters (Line 15 minus Lines 16a and 16b)		\$

**SECTION IV — COST SETTLEMENT CALCULATION — MEDICARE / MEDICAID CROSSOVER ENCOUNTERS**

18. Medicaid encounter rate (Line 10)	\$	
19. Total Medicare / Medicaid crossover visits submitted to Wisconsin Medicaid		
20. Cost calculated for Medicare / Medicaid crossover encounters (Line 18 multiplied by Line 19)	\$	
21. Medicare covered visits (Medicare Cost Report Form 2552-96, Worksheet M-3, Line 10)		
22. Percentage of Medicare / Medicaid visits to Medicare Covered Visits (Line 19 divided by Line 21)	%	
23. Medicare reimbursable costs of RHC services (Medicare Cost Report Form 2552-96, Worksheet M-3, Line 19)		
24. Subtract	a.) Proportion of Medicare reimbursable costs for Medicare / Medicaid crossover encounters (Line 22 multiplied by Line 23)	
	b.) Fee-for-service payments by Wisconsin Medicaid for Medicare / Medicaid crossover encounters	
25. Net cost settlement from Medicare / Medicaid crossover encounters (Line 20 minus Lines 24a and 24b)		\$

Continued

**SECTION V — COST SETTLEMENT CALCULATION — COMMERCIAL INSURANCE / MEDICAID ENCOUNTERS**

26.	Total insurance / Medicaid encounters submitted to Wisconsin Medicaid	
27.	Total insurance / Medicaid encounters submitted to HMOs that contract with Wisconsin Medicaid	
28.	Allowable cost for encounters reported on Line 26 (Lesser of amount billed or encounter rate)	\$
29.	Allowable cost for encounters reported on Line 27 (Lesser of amount billed or encounter rate)	\$
30.	Total allowable cost (Sum of Lines 28 and 29)	\$
31.	Subtract	
	a.) Insurance payments	\$
	b.) Fee-for-service payments by Wisconsin Medicaid	\$
	c.) Payments by HMOs that contract with Wisconsin Medicaid for insurance / Medicaid encounters	\$
32.	Net cost settlement for insurance / Medicaid encounters (Line 30 minus Lines 31a through 31c)	\$

**SECTION VI — COST SETTLEMENT CALCULATION — COMMERCIAL INSURANCE / MEDICARE / MEDICAID ENCOUNTERS**

33.	Total insurance / Medicare / Medicaid encounters submitted to Wisconsin Medicaid	
34.	Total allowable cost for encounters reported on Line 34 (Lesser of amount billed or encounter rate)	\$
35.	Percentage of insurance / Medicare / Medicaid visits in relation to Medicare covered visits (Line 33 divided by Line 21)	%
36.	Subtract	
	a.) Insurance payments	\$
	b.) Fee-for-service payments by Wisconsin Medicaid for insurance / Medicare / Medicaid encounters	\$
	c.) Proportion of Medicare reimbursable costs for insurance / Medicare / Medicaid encounters (Line 35 multiplied by Line 23)	
37.	Net cost settlement for insurance / Medicare / Medicaid encounters (Line 34 minus Lines 36a through 36c)	\$

**SECTION VII — COST SETTLEMENT DETERMINATION FOR RURAL HEALTH CLINIC**

38.	Settlement for Medicaid-only encounters (Line 17)	\$
39.	Settlement for Medicare / Medicaid crossover encounters (Line 25)	\$
40.	Settlement for insurance / Medicaid encounters (Line 32)	\$
41.	Settlement for insurance / Medicare / Medicaid encounters (Line 37)	\$
42.	Subtotal	\$
43.	Copayments	\$
44.	Settlement calculation total (Line 42 minus Line 43)	\$
45.	Quarterly payments	\$
46.	Balance due to provider (Line 44 minus Line 45)	\$